
Adult Cardiac Emergencies:

Acute Pulmonary Edema (CHF)

I. All Provider Levels

1. Refer to the Patient Care guideline.
2. Provide 100% oxygen via NRB.
 - A. If respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Place the patient in position of comfort.
4. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate.



Note Well: EMT-I and EMT-P should use ET intubation.

5. Establish an IV of Normal Saline KVO or Saline lock.



Note Well: An ALS Unit must be en route or on scene.



II. Advanced Life Support Providers

1. Attach EKG monitor and interpret rhythm.
2. Administer Nitroglycerin 0.4 mg SL (tablet or spray) if systolic blood pressure is above 150 mm/Hg. Reassess patient.
3. Apply Nitroglycerin paste 1.0 inch if systolic blood pressure is above 150 mm/Hg. Reassess patient.
4. Consider obtaining a 12 lead EKG if MI is suspected.
5. Administer 20 - 80 mg of Furosemide IVP over a 2 minute period if systolic blood pressure is above 150 mm/Hg. Reassess patient.

Adult Cardiac Emergencies: Acute Pulmonary Edema (CHF)



III. Transport Decision

1. Transport to the closest appropriate open facility



IV. The Following Options are Available by Medical Control Only

1. Albuterol Sulfate 2.5 mg via nebulizer if wheezing is auscultated in the presence of pulmonary edema.
2. Additional doses of Nitroglycerin 0.4 mg SL every 5 minutes.



Note Well: Additional doses of Nitroglycerin 0.4 mg SL may be administered every 5 minutes, **not to exceed 3 doses without Medical Control order.** Include any nitroglycerin taken by the patient prior to arrival provided that nitroglycerin has not expired

3. Furosemide up to 20-80 mg.
4. Morphine Sulfate 2 - 5 mg slow IV push to a maximum dosage of 10 mg
 - A. Reassess every 3 - 5 minutes after administration